

HAWAII STATE ETHICS COMMISSION

1001 Bishop Street, American Savings Bank Tower 970 P.O. Box 616, Honolulu, Hawaii 96809

Telephone: 587-0460 FAX: 587-0470

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GIFTS DISCLOSURE STATEMENT				
(This report covers the period from June 1 of the preceding calendar year through June 1 of this year and is due on June 30)				
NAME:	STATE POSITION:			
Ann S. Takaki	Office Manager			
STATE AGENCY:	STATE TEL. NO.:			
Legislature - House of Representatives	(808) 586-6210			

STATE MAILING ADDRESS:

State Capitol, #424, Honolulu, HI 96813

1 DONOR	2 DESCRIPTION OF GIFT	DATE 3 REC'D	GIFT 4 VALUE	AGG. 5 VALUE
NONE				
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1 DONOR	2 DESCRIPTION OF GIFT	DATE 3 REC'D	GIFT 4 VALUE	AGG. 5 VALUE
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___ Check here if you have attached additional sheets.

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.

ann S. Oakaki

MAY 18 2005

SIGNATURE

DATE